

BY: MLG Submission to the Joint Standing Committee on Migration Inquiry into Immigration Detention in Australia

1. Criteria that should be applied in determining how long a person should be held in immigration detention

a) No person should be held in immigration detention unless there is reason to believe that s/he poses a health or security to the Australian community.

b) Detention beyond 14 days should be the last, rather than the preferred option of the Australian government.

c) Detainees should be offered professional legal and interpreter services within 24 hours of detention.

2. The criteria that should be applied in determining when a person should be released from immigration detention following health and security checks

If a health or security threat is believed to exist, written evidence of the nature of the threat should be made available to the detainee's legal counsel within 14 days.

3. Options to expand the transparency and visibility of immigration detention centres

a) The first and most obvious option is to site detention centres in capital cities, not in the Australian desert or on off-shore islands.

b) The second is to encourage, rather than discourage, visits from legal practitioners, media representatives and concerned members of the community, provided the detainees agree. There have been well-documented instances of legal practitioners being debarred from visiting even metropolitan detention centres during normal visiting hours.

c) The third is to expand the visiting hours to times chosen by the detainees and their visitors, not times which suit the convenience of the guards. This is especially important in the evenings.

d) The fourth is to codify and publicise widely the rules by which the detention centres operate. There have been many instances of individual detention centre officers deciding whether newspapers, particular foodstuffs, books, commercially-available DVDs, etc., would be allowed into a detention centre. Material refused admission by one officer has been allowed in by others.

4. The preferred infrastructure options for contemporary immigration detention

a) Immigration detention centres should not be used to warehouse criminals awaiting deportation.

b) Adequate accommodation should be provided for <u>confidential</u> conversations between detainees and their visitors.

5. Options for the provision of detention services and detention health services a) Immigration detention centres should not be run by private companies for profit.

The aim should be to provide humanitarian short-term accommodation, not to provide maximum returns to shareholders.

b) Detention centres should not be staffed by individuals also working in the prison system. Asylum seekers and visa overstayers should not be housed in the same facility as criminals awaiting deportation. Asylum seekers are <u>not criminals</u>. They are exercising a legal right to claim protection and their care needs are different from those of convicted criminals. In most cases, their claims to refugee status are substantiated. In the meantime, at Maribyrnong Immigration Detention Centre, for example, people later accepted as refugees have been terrorised by violent criminals awaiting deportation. Criminals awaiting deportation have noted that they enjoyed greater access to education, exercise and medical treatment in gaol than in immigration detention. This is a clear injustice to asylum seekers.

c) **Professional psychologists should be available for urgent consultation.** Detention <u>causes</u> mental health problems. It has caused suicides and self-harm. It has caused children to become catatonic and incontinent. All of this has the capacity to affect adversely the mental health of every other detainee in the centre. Every person should therefore have access to services to alleviate the health consequences of Australian Government policy in action.

d) Medical and dental services should be provided as required. There have been documented cases of people waiting weeks for dental treatment, and getting inadequate treatment for medical conditions because of the absence of qualified practitioners.

There have been documented cases of medical conditions developed in detention being allowed to assume catastrophic and irreversible proportions before action is taken. In Port Hedland, for example, a young boy lost the sight of one eye and most of the sight in the other before suitable treatment was provided.

In Maribyrnong Immigration Detention Centre injured people have been left in isolation in 'management' rooms, without adequate hygiene.

Dr Juliet Flesch

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